

SERFF Tracking Number:	STNA-125623678	State:	Arkansas
Filing Company:	National Specialty Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	TCSI-GL-08		
TOI:	17.0 Other Liability - Claims Made/Occurrence	Sub-TOI:	17.0001 Commercial General Liability
Product Name:	TCSI Transportation Program - GL Filing		
Project Name/Number:	/		

## Filing at a Glance

Company: National Specialty Insurance Company

Product Name: TCSI Transportation Program - SERFF Tr Num: STNA-125623678 State: Arkansas

GL Filing

TOI: 17.0 Other Liability - Claims

SERFF Status: Closed

State Tr Num: EFT \$50

Made/Occurrence

Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: TCSI-GL-08

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Author: John Battles

Disposition Date: 04/28/2008

Date Submitted: 04/25/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New):

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Domicile Status Comments:

Reference Organization: ISO

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 04/28/2008

State Status Changed: 04/28/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

National Specialty Insurance Company (NSIC), a member of Insurance Services Office (ISO), is filing independent commercial general liability forms for its new TCSI Transportation Program. The related rules, rating plans, forms and endorsements that will be used with this program are those filed on behalf of NSIC by ISO as part of NSIC's ISO affiliation.

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The corresponding independent rates and rules filing is not required to be submitted.

Enclosed for your review are the following:

- Explanatory Memorandum
- State Required Filing Forms
- Independent General Liability Forms

An EFT in the amount \$50.00 has been initiated to cover the required filing fees.

We ask that this filing become effective for all policies effective upon approval.

## Company and Contact

### Filing Contact Information

John Battles, johnbattles@ircllc.com  
IRC (941) 926-0144 [Phone]  
Sarasota, FL 34231

### Filing Company Information

National Specialty Insurance Company	CoCode: 22608	State of Domicile: Texas
8200 Anderson Boulevard	Group Code: 93	Company Type: Property & Casualty
Fort Worth, TX 76120	Group Name:	State ID Number:
(800) 877-4567 ext. [Phone]	FEIN Number: 75-2816775	
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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	Forms Filing
Per Company:	No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Specialty Insurance Company	\$50.00	04/25/2008	19904117

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	04/28/2008	04/28/2008

*SERFF Tracking Number:*      *STNA-125623678*      *State:*      *Arkansas*  
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*TOI:*      *17.0 Other Liability - Claims Made/Occurrence*      *Sub-TOI:*      *17.0001 Commercial General Liability*  
*Product Name:*      *TCSI Transportation Program - GL Filing*  
*Project Name/Number:*      */*

## **Disposition**

Disposition Date: 04/28/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: STNA-125623678 State: Arkansas

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Product Name: TCSI Transportation Program - GL Filing

Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Explanatory Memo, Filing Authorization Letter	Approved	Yes
Form	General Liability Policy Declarations	Approved	Yes
Form	State Surcharge Schedule - General Liability	Approved	Yes
Form	Location Schedule	Approved	Yes
Form	Commercial General Liability Basis	Approved	Yes
Form	Total Asbestos Exclusion	Approved	Yes
Form	Lead Exclusion	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	General Liability Policy Declarations	T 5001 01 08	01 08	Declaration New s/Schedule		0.00	T 5001 01 08 - General Liability Policy Declarations.pdf
Approved	State Surcharge Schedule - General Liability	T 5002 01 08	01 08	Declaration New s/Schedule		0.00	T 5002 01 08 - State Surcharge Schedule - General Liability.pdf
Approved	Location Schedule	T 5003 01 08	01 08	Declaration New s/Schedule		0.00	T 5003 01 08 - Location Schedule.pdf
Approved	Commercial General Liability Basis	T 5004 01 08	01 08	Declaration New s/Schedule		0.00	T 5004 01 08 - Commercial General Liability Basis.pdf
Approved	Total Asbestos Exclusion	T 5005 01 08	01 08	Endorsement/Amendment/Conditions		0.00	T 5005 01 08 - Total Asbestos Exclusion.pdf
Approved	Lead Exclusion	T 5006 01 08	01 08	Endorsement/Amendment/Conditions		0.00	T 5006 01 08 - Lead Exclusion.pdf

ISSUE DATE: April 9, 2008

Renewal of Policy Number:

## GENERAL LIABILITY POLICY DECLARATIONS

**NAMED INSURED**

**INSURANCE COMPANY**

NATIONAL SPECIALTY INSURANCE CO.

**MAILING ADDRESS**

**POLICY NUMBER**

**PHYSICAL ADDRESS**

(Same as above)

**POLICY TERM**

to

12:01 A.M. Standard Time at Insured's Physical Address

**AGENT / BROKER**

Transportation Coverage Specialists, Inc.  
17 State Street, 17<sup>th</sup> Floor  
New York, NY 10004-1501  
(212)742-0300, Fax (212)742-1413

**SCHEDULED OF COVERAGES AND PREMIUMS**

This policy provides only those coverages where a charge is shown in the premium column below. This includes coverage for products-completed operations of a trucker only. No other products completed operations are covered. Subject to each occurrence limit and general aggregate limit shown above.

COVERAGES	LIMIT	PREMIUM
GENERAL AGGREGATE LIMIT (Other than products and completed operations)	\$2,000,000	
PRODUCTS AND COMPLETED OPERATIONS AGGREGATE LIMIT	Included	Included
PERSONAL AND ADVERTISING INJURY LIABILITY LIMIT (Any one loss)	\$1,000,000	Included
EACH OCCURRENCE LIMIT	\$1,000,000	Included
FIRE DAMAGE LIMIT (Any one fire)	\$50,000	Included
MEDICAL EXPENSE LIMIT (Any one person)	\$5,000	Included
OTHER:		
FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY: Refer To Endorsement Schedule	PREMIUM FOR ENDORSEMENTS	
MISCELLANEOUS CHARGES: None At This Time	MISCELLANEOUS CHARGES	
	ESTIMATED TOTAL PREMIUM	

The estimated total premium for this policy is based on the exposures you told us you would have when this policy began. We reserve the right to audit the actual exposures for this policy. If audit, we will compute your final premium due when the actual exposures have been audited. The estimated total premium will be credited against the final premium due and you will be billed for the balance, if any. If the total estimated premium exceeds the final premium due, you will get a refund. To determine your final premium due we examine your records at any time during the period of coverage and up to three years afterwards.

\_\_\_\_\_  
Countersignature Date

\_\_\_\_\_  
Authorized Representative



# STATE SURCHARGE SCHEDULE – GENERAL LIABILITY

Named Insured:		Policy Number:	
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LOCATION	STATE	COUNTY	SURCHARGE AMOUNT
1			\$
2			\$
3			\$
4			\$
5			\$
6			\$
7			\$
8			\$
OTHER:			\$
TOTAL SURCHARGE AMOUNT			\$

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Authorized Representative

# LOCATION SCHEDULE

Named Insured:		Policy Number:	
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The following is a listing of all locations covered under this policy.

Any changes during the policy period should be reported to your agent.

LOCATION #	ADDRESS

# COMMERCIAL GENERAL LIABILITY BASIS

Named Insured:		Policy Number:	
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CLASS DESCRIPTION	CLASS CODE	LOCATION #	STATE / TERRITORY	PREMIUM BASE	ANNUAL PREMUIM
Premises/Operations and/or Manufacturing and/or Contracting	99793			a) Area c) Total Cost m) Admissions p) Payroll s) Gross Sales u) Units o) Other	\$
Owners/Contractors Protective					\$
Products/Completed Operations					\$
TOTAL PREMIUM					\$

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Authorized Representative

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

## **TOTAL ASBESTOS EXCLUSION**

This endorsement modifies insurance provided under the following:

### **COMMERCIAL GENERAL LIABILITY COVERAGE PART**

The following exclusion is added to Paragraph 2., Exclusions of Section I – Coverage A – Bodily Injury and Property Damage Liability and Paragraph 2., Exclusions of Section I – Coverage B – Personal and Advertising Injury Liability.

This insurance does not apply to “Bodily Injury”, “Property Damage” or “Personal and Advertising Injury”:

- (1) In any way or to any extent arising out of or involving asbestos, asbestos fibers, or any product containing asbestos or asbestos fibers; or
- (2) “Economic Loss”, “Diminution of Property”, Abatement Costs”, or any other loss, cost or expense including “Equitable Relief, in any way or to any extent arising out of or involving asbestos, asbestos fibers, or any product containing asbestos or asbestos fibers; or
- (3) Any fees, costs, or expenses of any nature whatsoever in the investigation or defense of any claim or “suit” arising out of or involving asbestos, asbestos fibers, or any product containing asbestos, or asbestos fibers.

For the purpose of this endorsement only, the following additional terms are defined:

- (1) “Abatement Costs” means any actual or potential damages, costs, fees, or expenses, including the costs of inspection, removal, or replacement.
- (2) “Diminution of Property” means the diminishing or lessening in value of property.
- (3) “Economic Loss” means any economic detriment or potential detriment, including but not limited to, any actual or potential damages, costs, fees, expenses, or lost profits, arising out of or involving the manufacture or utilization of a good or product.
- (4) “Equitable Relief means any remedy or relief, including restitution or injunction relief, sought in a court with equitable powers.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

## **LEAD EXCLUSION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM  
COMMERCIAL UMBRELLA COVERAGE FORM

With Respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This insurance does not apply to any "Bodily Injury", "Property Damage", Personal and Advertising Injury", or any other loss, cost or expense arising out of the presence, ingestion, inhalation, or absorption of or exposure to lead in any form or products containing lead.

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<i>Company Tracking Number:</i>	<i>TCSI-GL-08</i>		
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<i>Product Name:</i>	<i>TCSI Transportation Program - GL Filing</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 04/28/2008

**Comments:**

**Attachment:**

AR F NAIC Transmittal.pdf

**Satisfied -Name:** Explanatory Memo, Filing  
Authorization Letter **Review Status:** Approved 04/28/2008

**Comments:**

**Attachments:**

1 - GL Explanatory Memorandum.pdf

AR - Filing Authorization.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">New Business</div> <div style="width: 40%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Renewal Business</div> <div style="width: 40%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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<b>3. Group Name</b>	<b>Group NAIC #</b>
N/A	000

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
National Specialty Insurance Company	TX	22608	75-2816775	

<b>5. Company Tracking Number</b>	TCSI-GL-08
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Jeremy W. Battles - IRC, LLC 50 Broad Street, Suite 501 New York, NY 10004	Manager	212-571-3884	212-571-2502	<a href="mailto:jeremybattles@irccl.com">jeremybattles@irccl.com</a>

7. Signature of authorized filer	
8. Please print name of authorized filer	Jeremy W. Battles

**Filing information** (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	17.0 - Other Liability
10. Sub-Type of Insurance (Sub-TOI)	17.0001 - Commercial General Liability
11. State Specific Product code(s) (if applicable)[See State Specific	N/A
12. Company Program Title (Marketing title)	TCSI Transportation Program
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New:    Upon Approval    Renewal:    Upon Approval
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	ISO
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	4/25/2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved



## Property & Casualty Transmittal Document—

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	TCSI-GL-08
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<b>21.</b>	<b>Filing Description</b>	[This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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National Specialty Insurance Company (NSIC), a member of Insurance Services Office (ISO), is filing independent commercial general liability forms and exception pages to the ISO Commercial Lines Manual – Division Six for its new TCSI Transportation Program.

<b>22.</b>	<b>Filing Fees</b>	(Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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**Check #:** EFT  
**Amount:** \$50.00

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

**\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

**FORM FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes forms)

**(Do not refer to the body of the filing for the forms listing, unless allowed by state.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	TCSI-GL-08			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	TCSI-GL-08			
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement or Withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	General Liability Policy Declarations	T 5001 01 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	State Surcharge Schedule - General Liability	T 5002 01 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Location Schedule	T 5003 01 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	Commercial General Liability Basis	T 5004 01 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	Total Asbestos Exclusion	T 5005 01 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06	Lead Exclusion	T 5006 01 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

## **TCSI Transportation Program – Commercial General Liability Forms, Rates & Rules**

### **Explanatory Memorandum**

National Specialty Insurance Company (NSIC), a member of Insurance Services Office (ISO), is filing independent commercial general liability forms and exception pages to the ISO Commercial Lines Manual – Division Six for its new TCSI Transportation Program. NSIC is also filing to adopt the most recent prospective loss costs. The related rules, rating plans, forms and endorsements that will be used with this program are those filed on behalf of NSIC by ISO as part of NSIC's ISO affiliation.

This TCSI Transportation Program was previously written with the Lincoln General Insurance Company. A.M. Best's recently downgraded its rating on this company from "A-" rated paper to B++ (Good). Many risk managers require that their company's insurance be placed with an "A" rated carrier, which is one reason that National Specialty is able to write this program. As such, there is an urgent nature to attain a timely approval of this filing, as a large volume of Lincoln General's trucking business is actively seeking a new carrier.



April 18, 2008

Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201-1904

**Re: Letter of Filing Authorization  
National Specialty Insurance Company  
TCSI Trucking Program  
Commercial General Liability  
Initial Rule, Rate and Form Filing**

Dear Ladies/Gentlemen:

This letter will certify that IRC, Insurance Regulatory Consultants, LLC has been given full authorization to submit the captioned filing on behalf of National Specialty Insurance Company. This authorization extends to all correspondence related to the referenced filing only. It does not apply to any subsequent filings made after the approval of the referenced filing.

Please direct all correspondence in relation to this filing directly to IRC, 50 Broad Street, Suite 501, New York, NY 10004. Should you have any questions concerning this filing, please contact IRC at (212) 571-3989. Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "David M. Cleff". The signature is fluid and cursive, with a large initial "D" and "C".

David M. Cleff  
Senior Vice President and General Counsel

Cc: File (TCSI)